

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90064 013 ****61.25



DOCUMENT # 750646
1. Entity Name
REFLECTIONS ON THE GULF ASSOCIATION, INC.

Principal Place of Business Mailing Address
C/O INFINITI PROPERTY MANAGEMENT, INC 1301 SEMINOLE BLVD., SUITE 110 LARGO FL 33770
C/O INFINITI PROPERTY MANAGEMENT, INC 1301 SEMINOLE BLVD., SUITE 110 LARGO FL 33770



1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

4. FEI Number **59-1967704**
Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**INFINITI PROPERTY MANAGEMENT, INC.
1301 SEMINOLE BLVD., SUITE 110
LARGO FL 33770**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature is required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	HARKEY, SCOTT	
STREET ADDRESS	1509 WILLOW CROOK DR	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HEYWOOD, MARJORIE	
STREET ADDRESS	900 GULF BLVD, # 308	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 33785	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	TIMBERLAKE, RAQUEL	
STREET ADDRESS	900 GULF BLVD, #701	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 33785	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FUCHS, JOSEPH	
STREET ADDRESS	11589 SHELLY CIR	
CITY-ST-ZIP	SEMINOLE FL 33772	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ARMSTRONG, ROBERT	
STREET ADDRESS	900 GULF BLVD, # 601	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 33785	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	THANE REITAN D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	900 Gulf Blvd. #1008	
STREET ADDRESS	Indian Rocks Beach, FL 33785	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD, TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marjorie Heywood (MARJORIE HEYWOOD) 02/12/08